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## FREQUENT EMERGENCY ROOM VISITS SIGNAL SUBSTANCE ABUSE AND MENTAL ILLNESS

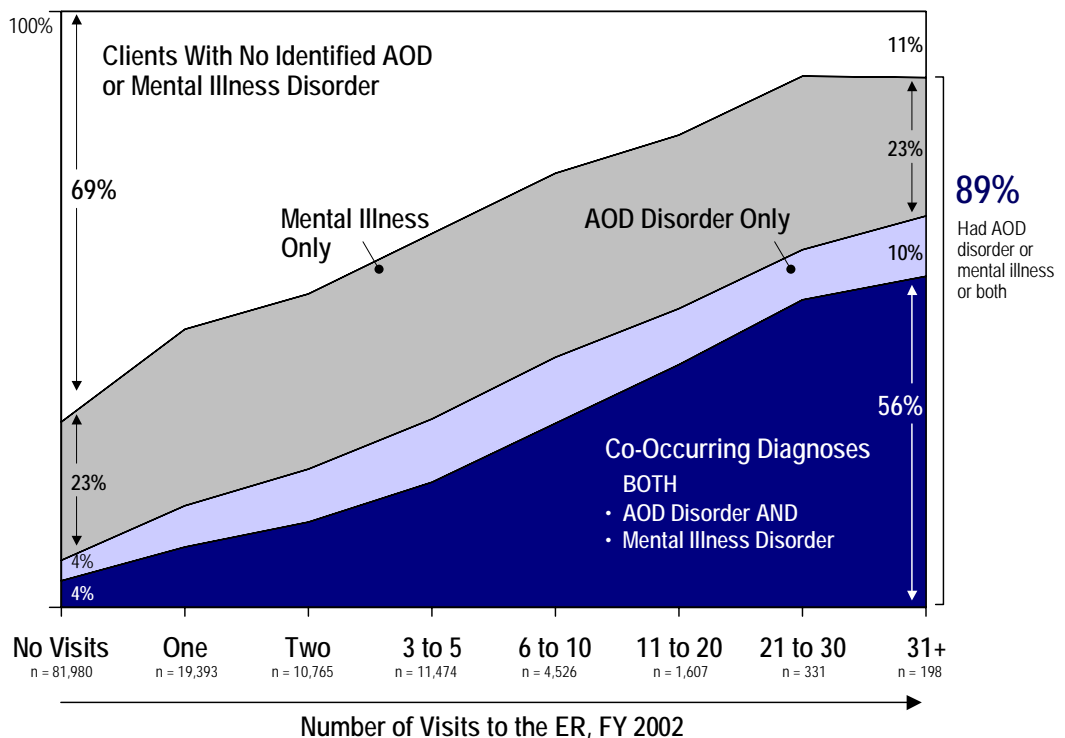
WASHINGTON STATE'S AGED, BLIND, AND DISABLED CLIENTS

### FREQUENT EMERGENCY ROOM VISITORS HAVE HIGH RATES OF ALCOHOL OR DRUG DISORDERS AND MENTAL ILLNESS

**A cause for concern** is the high rate of alcohol or drug (AOD) disorders and mental illness among aged, blind, and disabled fee-for-service clients who make frequent visits to the emergency room (ER):<sup>1</sup>

- **56 percent** who visited the emergency room 31 times or more in fiscal year (FY) 2002 had diagnoses of **both an AOD disorder and mental illness**.<sup>2</sup>
- An additional 10 percent of the most frequent ER visitors had an AOD disorder only, while 23 percent had a mental illness disorder only. Only 11 percent had no indication of an AOD disorder or mental illness.
- Although they are less than one percent of the aged and disabled population, **the 198 most frequent ER users had over 9,000 ER visits in FY 2002**.

### Frequent ER Visitors Have High Rates of AOD Disorders and Mental Illness



<sup>1</sup> This study used data from the Washington Medicaid Integration Partnership database. The study population included 130,274 clients eligible for medical assistance in the aged, blind, disabled, presumptively disabled, or General Assistance-Unemployable categories in FY 2002. Clients dually eligible for Medicare were excluded.

<sup>2</sup> AOD disorders and mental illness were identified in client medical claims using diagnosis categories from the Chronic Illness and Disability Payment System. AOD disorders were identified by diagnoses of substance abuse, dependence, or psychosis. Diagnoses indicating mental illness were primarily schizophrenia, mania and bipolar disorders, and depression.

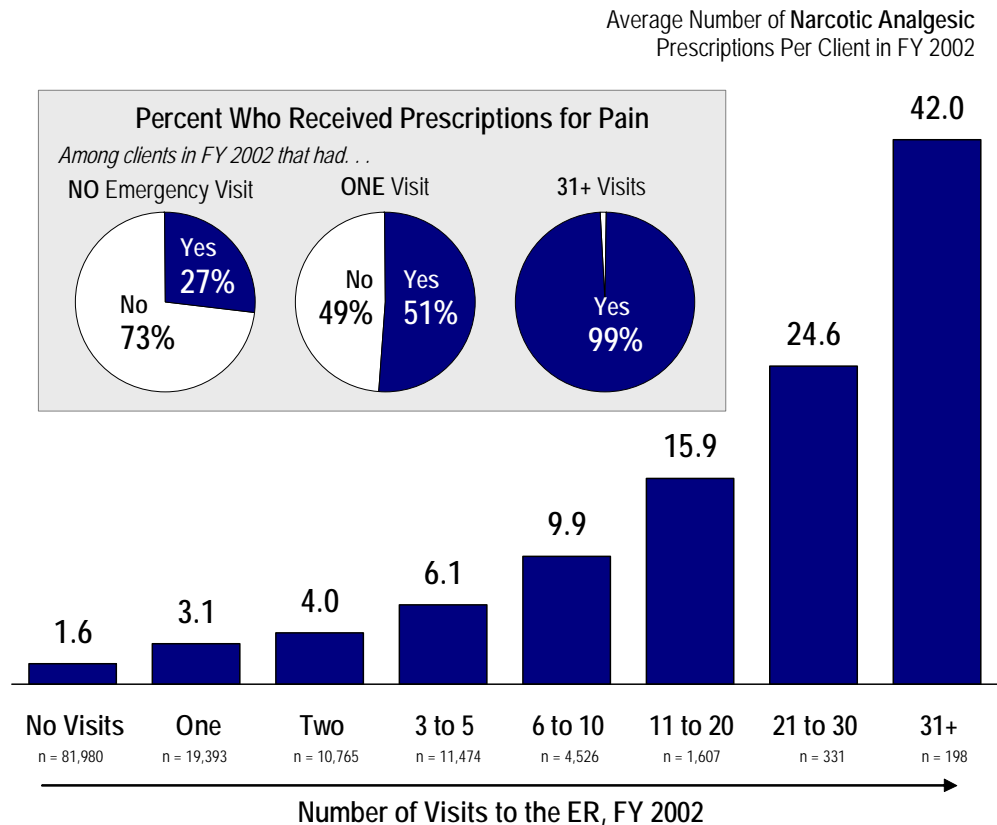
## FREQUENT EMERGENCY ROOM VISITORS RECEIVE MANY PRESCRIPTIONS FOR PAIN

**Also of concern** is the high volume of pain medication prescribed to the most frequent users of the ER. Alarminglly:

- **99 percent** of those who visited the ER 31 times or more in FY 2002 received prescriptions for narcotic analgesics.
- Three out of four narcotic analgesic prescriptions were for hydrocodone (such as Vicodin, 40 percent), oxycodone (Oxycontin, 27 percent), or propoxyphene hydrochloride (Darvon, 7 percent).

The average number of narcotic analgesics prescriptions issued to those who visited the ER 31 times or more in FY 2002 is also alarming: **42 prescriptions** per person in FY 2002, at an average cost of **\$1,137** per recipient.<sup>3</sup>

### Frequent Emergency Room Visitors Use High Volumes of Pain Medication



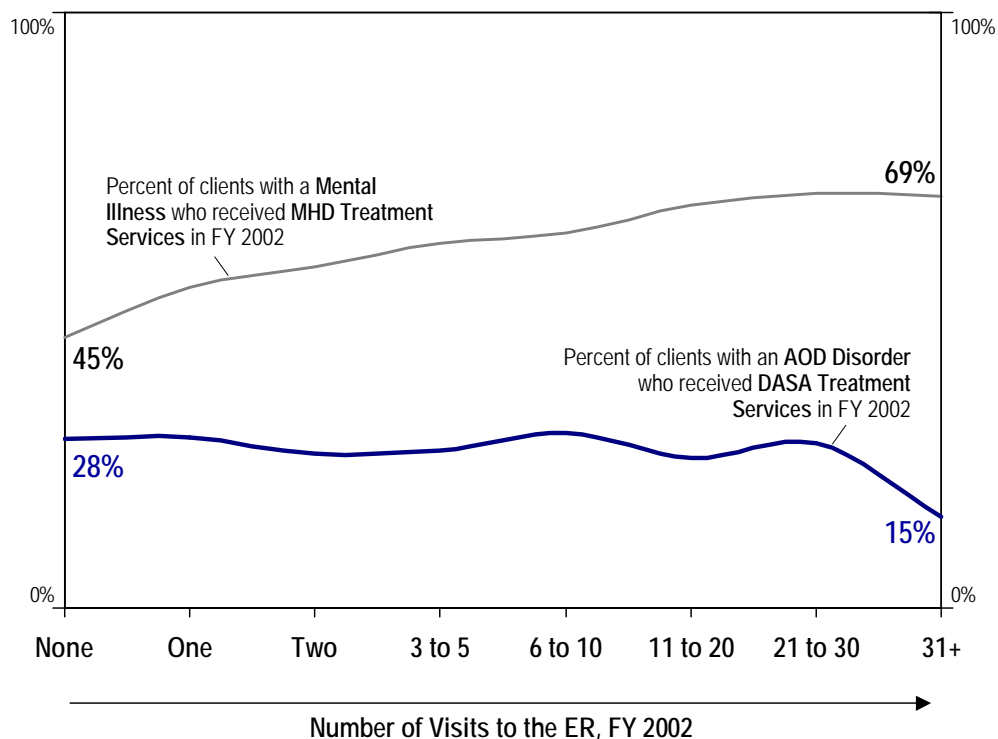
### Average Expenditures for Narcotic Analgesics, FY 2002

No Visits	One	Two	3 to 5	6 to 10	11 to 20	21 to 30	31+
n = 81,980	n = 19,393	n = 10,765	n = 11,474	n = 4,526	n = 1,607	n = 331	n = 198
\$86	\$154	\$198	\$292	\$488	\$572	\$792	\$1,137

<sup>3</sup> Pharmacy costs are not adjusted for rebates.

## FEW FREQUENT EMERGENCY ROOM VISITORS WITH AOD DISORDERS RECEIVE AOD TREATMENT

### Treatment Penetration Rates for Clients with AOD Disorders and Mental Illness



We linked AOD and mental health treatment records with clients' medical claims to identify how treatment "penetration rates" vary among clients visiting the ER at different frequencies. A penetration rate is the proportion of clients identified as needing treatment who actually receive treatment for their condition. We found that:

- **Two out of three clients with mental illness** who were the most frequent visitors to the ER (31 or more visits) received mental health services from the DSHS Mental Health Division in FY 2002. For mental illness, the penetration rate was higher among clients frequently visiting the ER. Why clients receiving MHD services continue to use the ER frequently may warrant further study.
- In contrast, **fewer than one in six clients with an AOD disorder** who made 31 or more visits to the ER received treatment services from the DSHS Division of Alcohol and Substance Abuse in FY 2002. For AOD disorders, the penetration rate held steady at 25 to 30 percent among clients visiting the ER up to 30 times in FY 2002, but was only 15 percent among the most frequent ER visitors.

### POLICY IMPLICATIONS: IMPROVE SCREENING, SYSTEM LINKAGES

Our findings indicate the need to:

- **Improve screening** in the ER to identify AOD disorders and mental illness.
- **Strengthen linkages between the ER and AOD and mental health treatment systems** to increase penetration rates – especially for AOD treatment.
- **Ensure that treatment systems have sufficient capacity** for increased demand that would likely arise from improved screening and referral from ER settings.

## TECHNICAL NOTES

This report used data from the Washington Medicaid Integration Partnership (WMIP) database. The WMIP database is a longitudinal client-level database spanning FY 1999 to FY 2002 (July 1998 to June 2002). The database links:

- Fee-for-service medical claims from the Medicaid Management Information System Extended Database (MMIS-EDB).
- Client Services Database (CSDB) information on client-level service encounters and expenditures for most services provided by DSHS, including AOD and mental health treatment services.
- Medical assistance eligibility, client demographics, mortality, and criminal justice data.

The database was created to support the planning and development of the WMIP project – a DSHS initiative to better serve aged and disabled clients with complex health needs through the integration of medical care, long-term care, mental health, and AOD treatment services.

The study population included 130,274 FY 2002 clients eligible for Medicaid through the aged, blind, disabled, and presumptively disabled (GA-X) programs, as well as those receiving state-funded medical assistance through the General Assistance-Unemployable (GA-U) program. Clients dually eligible for Medicare were excluded from the study because information on most of the medical care they receive is not available in the MMIS system.

The WMIP database incorporates risk-adjustment software to create client-level summaries of the detailed diagnosis information available in the MMIS-EDB claims. AOD disorders were identified using the “Substance Abuse” diagnosis categories of the Chronic Illness and Disability Payment System (CDPS).<sup>4</sup> These categories include alcohol or drug abuse, alcohol or drug dependence, and alcohol or drug psychosis. Mental illness disorders were identified using the CDPS “Psychiatric” diagnosis categories. These categories include schizophrenia, mania and bipolar disorders, and depression. Narcotic analgesic prescriptions were identified using drug therapy class information in the MMIS-EDB.

Because they are frequently underreported in diagnoses recorded in medical claims, we identified the presence of AOD and mental illness disorders for each client in the FY 2002 study population using all medical claims available for the client in the FY 1999 to FY 2002 period.

ER events were identified using the methodology recently established by the Medical Assistance Administration (MAA). This methodology is used in MAA’s bi-annual report on emergency room visits by FFS clients. The report provides statewide and county-level emergency room utilization rates, use rates by ethnicity, and expenditure trends for the FFS population.<sup>5</sup>

<sup>4</sup> Kronick, Richard, Ph.D., Gilmer, Todd, Ph.D., Tony Dreyfus, M.C.P., and Lora Lee, M.S. 2000. *Improving Health-Based Payment for Medicaid Beneficiaries: CDPS*. Health Care Financing Review, Volume 21, Number 3, Spring.

<sup>5</sup> Washington State Department of Social and Health Services, Medical Assistance Administration. 2004. *Emergency Room Visits by Washington State Medicaid Fee-for-Service Clients: Fiscal Years 1999-2003*. January 2004.

Additional copies of this fact sheet may be obtained from the following websites:

<http://www1.dshs.wa.gov/RDA/> or <http://www1.dshs.wa.gov/dasa/>  
or through the Washington State Alcohol/Drug Clearinghouse by calling  
1-800-662-9111 or 206-725-9696 (within Seattle or outside  
Washington State), by e-mailing [clearinghouse@adhl.org](mailto:clearinghouse@adhl.org), or  
by writing to 6535 Fifth Place South,  
Seattle, Washington 98108-0243.

